

Case Number:	CM14-0069747		
Date Assigned:	07/18/2014	Date of Injury:	10/02/2012
Decision Date:	10/02/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/14/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 39-year-old female who has submitted a claim for left distal tibial fracture status post ORIF (10/02/2012), ankle arthrofibrosis industrially related to 10/02/2012, and evidence of anterior impingement industrially related to 10/02/2012 associated with an industrial injury date of 10/02/2012. Medical records from 11/02/2013 to were reviewed and showed that patient complained of left ankle pain graded 5/10. Physical examination revealed stiffness of the left ankle with decreased ROM in all planes of movement. MRI of the left ankle dated 12/02/2013 revealed chronic anterior talofibular ligament sprain injury. X-ray of the left ankle dated 12/06/2012 revealed status post fracture/ORIF with intact hardware. Treatment to date has included left tibia ORIF (10/02/2012), bulky posterior and U splint, unspecified visits of physical therapy, HEP, and pain medications. Of note, there was no documentation of functional outcome from physical therapy. Utilization review dated 05/08/2014 denied the request for Physical Therapy 3 x 4 visits for the left ankle because physical findings would not warrant physical therapy at this time.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical Therapy 3 x 4 visits for the Left Ankle.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, the patient has already completed unspecified visits of physical therapy. However, there was no documentation of functional outcome from previous PT visits. It is unclear as to why the patient cannot self-transition into HEP. Therefore, the request for Physical Therapy 3 x 4 visits for the Left Ankle is not medically necessary.

Left Ankle Injection.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Section, Injections (corticosteroids)

Decision rationale: According to pages 369-371 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, invasive techniques (e.g., needle acupuncture and injection procedures) have no proven value, with the exception of corticosteroid injection into the affected web space in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel spur if four to six weeks of conservative therapy is ineffective. In addition, ODG states that while evidence is limited, therapeutic injections are generally used procedures in the treatment of patients with ankle or foot pain or pathology. In this case, the patient complained of left ankle pain which prompted request for corticosteroid injection to the left ankle. However, there was no documentation of conservative therapy failure. Furthermore, the aforementioned pathologies for which ankle corticosteroid injection is recommended are not present in the case. There is no discussion as to why variance from the guidelines is needed. Therefore, the request for left ankle injection is not medically necessary.